EFFECTIVENESS OF FAMILY FOCUSED INTERVENTION ON COPING AMONG FAMILY MEMBERS OF ALCOHOL DEPENDENT PATIENTS AT SELECTED ALCOHOL DE-ADDICTION CENTRE, COIMBATORE

REG. NO. 30101442

A Dissertation Submitted to
The Tamilnadu Dr. M. G. R. Medical University,
Chennai-32.

In Partial Fulfillment of the Requirement for the

Award of the Degree of

MASTER OF SCIENCE IN NURSING

2012

EFFECTIVENESS OF FAMILY FOCUSED INTERVENTION ON COPING AMONG FAMILY MEMBERS OF ALCOHOL DEPENDENT PATIENTS AT SELECTED ALCOHOL DE-ADDICTION CENTRE, COIMBATORE

Approved by Dissertation Committee on _____

_____

1. **Mrs. Nuziba Begum, M. Sc (N)., M. S. (C & P)**
Mental Health Nursing Department,
College of Nursing,
Sri Ramakrishna Institute of Paramedical Sciences,
Coimbatore - 641 044.

_____

2. **Dr. G. K. Sellakumar, M. A., M. Phil., P. G. D. P. M., Ph. D.,**
Professor & Head,
Department of Psychology & Research Methodology,
College of Nursing,
Sri Ramakrishna Institute of Paramedical Sciences,
Coimbatore - 641 044.

_____

3. **Dr. D. SRINIVASAN, M. D., D. P. M.,**
Honorary Medical Director,
Kasturba Gandhi Memorial,
De-Addiction Centre,
Varadharajapuram,
Coimbatore – 641 015.

Certified that this is the bonafide work of

E. GNANASEKAR

COLLEGE OF NURSING
Sri Ramakrishna Institute of Paramedical Sciences
Coimbatore - 641 044.

Submitted in Partial Fulfillment of the Requirement for the Award of the Degree of

MASTER OF SCIENCE IN NURSING

to The Tamilnadu Dr. M. G. R. Medical University, Chennai- 32.

College Seal

Prof. Mrs. SEETHALAKSHMI,
B. Sc., R. N., R. M., M. N., M. Phil., (Ph. D).,
Principal,
College of Nursing,
Sri Ramakrishna Institute of Paramedical Sciences,
Coimbatore - 641 044,
Tamilnadu, India.

COLLEGE OF NURSING
Sri Ramakrishna Institute of Paramedical Sciences
Coimbatore- 44.

2012

ACKNOWLEDGEMENT

I express my heartfelt thanks to honorable **Thiru. C. Soundararaj Avl.,** Managing Trustee, M/S. SNR & Sons Charitable Trust for giving me an opportunity to utilize all the facilities in this esteemed institution.

I am immensely grateful to **Prof. Seethalakshmi**, R. N., R. M., M. N., M. Phil., (Ph. D)., Principal, College of Nursing, Sri Ramakrishna Institute of Paramedical Sciences, Coimbatore for her expert guidance and valuable suggestions throughout the study.

I express my deep sense of gratitude to **Mrs. Nuziba Begum,** M. Sc (N)., M. S. (C & P)., for her expert guidance, valuable suggestions, encouragement and keen interest in conception, planning and execution of the study.

I extend my deep felt sincerity to **Prof. R. Ramathilagam**, M. Sc (N)., Vice Principal**,**. **Mrs. Renuka,** M. Sc (N)., and **Prof. W. Chitra**, M. Sc (N)., for their moral support and valuable suggestions in completing this study.

I express my profound gratitude to **Dr. D. Srinivasan,** M. D., D. P. M., Honorary Medical Director, Kasturba Gandhi Memorial De-Addiction Centre, Coimbatore for his valuable suggestions and expert guidance throughout my study.

I express my special thanks to **Mrs. Elizabeth**, M. Sc (N)., and **Mr. Sathish kumar,** M. Sc (N)., for their moral support and valuable suggestions in completing the study.

I express my special and sincere thanks to **Prof. G. K. Sellakumar**, M. A., M. Phil,. P. G. D. P. M., Ph. D., and **Mrs. R. Ramya**, M. Sc., M. Phil., for their intelligent guidance and constant encouragement in every step.

My sincere thanks to **study participants** of Kasturba Gandhi Memorial De-addiction Centre for their co-operation and support for this study.

There cannot be anything possible without the affection & Support of **my beloved parents** and **family members,** for their cooperation throughout my study.

I am grateful to the **Librarians** of Sri Ramakrishna Institute of Paramedical Sciences for their retrieving patience and timely helping in many ways to prepare the manuscript. I express my gratitude to staff of **Bubbles** & **Computer Park** Coimbatore for their compute and technical assistance. I am extremely thankful to **my classmates - the Spartans** for their prayerful support and guidance throughout the course of my study.

LIST OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF APPENDICES

LIST OF ANNEXURE

EFFECTIVENESS OF FAMILY FOCUSED INTERVENTION ON COPING AMONG FAMILY MEMBERS OF ALCOHOL DEPENDENT PATIENTS AT SELECTED ALCOHOL DE-ADDICTION CENTRE, COIMBATORE

REG. NO. 30101442

A Dissertation Submitted to
The Tamilnadu Dr. M. G. R. Medical University,
Chennai-32.

In Partial Fulfillment of the Requirement for the

Award of the Degree of

MASTER OF SCIENCE IN NURSING

2012

Abstract

A study was conducted to examine the effect of Family Focused Intervention on coping among family members of alcoholics in Kasturba De-Addiction Centre, Coimbatore. Quasi experimental one group pre test post test design was found to be appropriate to meet the objectives of the study. The samples included for this study were 30 family members of alcoholics and they were selected through purposive sampling technique. Modified Lazarus Coping scale was administered to assess the level of coping. Family Focused Intervention was implemented to the family members of alcoholics for a period of 10 days. A post test was conducted to assess the effectiveness of the intervention. Appropriate statistical technique was employed to test the hypothesis. The study result showed that there was a significant increase in the level of coping among family members of alcoholics. The study concluded that the Family Focused Intervention was effective among family members of alcoholics.

Effectiveness of Family Focused Intervention on Coping among Family Members of Alcohol Dependent Patients at Selected Alcohol De-Addiction Centre, Coimbatore

Alcoholism is one of the major public health problems all over the world. WHO estimates that 2 billion people in worldwide consume alcoholic beverages and 76.3 million with diagnosable alcohol use disorder.

Alcohol dependence is a complex behaviour with far-reaching harmful effects on the family, work, society, physical and mental health of the individual (Thomas, 2007).

Heavy alcohol consumption exerts a deleterious effect on the family. The extent of the negative impact varies among family members and from families. It often results in serious emotional and medical problems.

Alcohol is associated with many serious social and developmental issues which includes violence, child neglect or abuse and absenteeism in the workplace. It also causes harm, far beyond the physical and psychological health of the drinker. Moreover it harms the well-being and health of the family members. An intoxicated person can harm others or put them at risk of traffic accidents or violent behaviour or negatively affect co-workers, relatives and friends or strangers. Thus, the impact of the harmful use of alcohol reaches deep into society.

Alcoholism also has negative effects on the spouse of an alcoholic like having feelings of hatred, self-pity, avoidance of social contacts, may suffer exhaustion and

become physically or mentally ill. Alcoholic usually has strong negative effects on marital relationships like separated and divorced men and women. Almost two-thirds of separated and divorced women and half of separated or divorced men have been exposed to alcoholism in the family (Berger, 1993). Spouses of alcoholic often have to perform the roles of both parents and family responsibilities shift from two parents to one parent (Joseph Califano, 2008).

According to U.S. Department of Health and Human Services and SAMHSA's (Substance Abuse and Mental Health Services Administration) National Clearinghouse for Alcohol and Drug Information, seventy six million American adults have been exposed to alcoholism in the family. Alcoholism is responsible for more family problems than any other single cause. One out of every four families has problems with alcohol (Silverstein, 1990).

Each member of the family may be affected by alcoholism in different manner. Parental alcoholism may affect the fetus even before a child is born. Parental alcoholism also has severe effects on normal children of alcoholics. Many of these children have common symptoms such as low self-esteem, loneliness, guilt, feelings of helplessness, fears of abandonment and chronic depression (Berger, 1993).

Children of alcoholics often experience high levels of tension and stress. Young children of alcoholics may have frequent nightmares, bed wetting and crying. Older children of alcoholics may show such depressive symptoms as obsessive perfectionism, hoarding, staying by themselves or being excessively self-conscious. Children of alcoholics more often have problems in school. The stressful environment at home may affect the school performance. They have difficulty in establishing

relationships with teachers and peer groups that increases the rate of drop outs among school children.

Children of alcoholics live in extremely unstable home environments, so that those children exhibit behavioural problems such as lying, stealing, fighting and truancy and moreover they never know what to expect from an alcoholic parent. Because they are unable to predict their parent's mood and they do not know how to behave themselves. Children of alcoholics feel guilty for their failure to save their parents from the effects of alcohol.

Adult children of alcoholic have problems of depression, aggression or impulsive behaviour. Some studies have shown that these children have problems with abuse of different psychoactive substances and difficulty in establishing healthy relationships with others. These children often make poor career choices and have a negative self-image. Adult children of alcoholics often have feelings of worthlessness and failure, so that these children may have problems with familial responsibilities (Berger, 1993).

Many children of alcoholic have experience on non-communicative with other family members and children of alcoholics may be hampered by their inability to grow in healthy ways.

Financial difficulties are another issue that families of alcoholics have to deal with as they have spent an enormous amount on alcohol consumption which make them to give up certain privileges in their daily living.

1.1. NEED FOR THE STUDY

Alcohol abuse is one of the leading causes of death and disability worldwide. Alcohol abuse is responsible for 4 percent of global deaths and disability, nearly as much as tobacco and five times the burden of illicit drugs (WHO). In developing countries 9.8 % of death and disability occurs due to alcoholism. Alcohol abuse contributes to a wide range of social and health problems includes depression, injuries, cancer, cirrhosis, dependence, family disruption and loss of work productivity. Health and social problems from drinking often affect others besides the drinker. While men do the bulk of the drinking worldwide, women disproportionately suffer the consequences, including alcohol related domestic violence and reduced family budgets.

Although the recorded alcohol consumption per capita has fallen since 1980 in most developed countries, it has risen steadily in developing countries like India. The per capita consumption of alcohol by adults ≥ 15 years in India increased between 1970–72 and 1994–96. The pattern of drinking in India has changed from occasional and ritualistic use to social use. Today, the common purpose of consuming alcohol is to get drunk. These developments have raised concerns about the health and the social consequences of excessive drinking.

Patterns and levels of alcohol consumption, alcohol dependency and alcohol abuse are determined by many factors; such as availability, income per capita, retail process, individual factors (genetic and environmental) such as age of first use, family history, education, peer group pressure, psychosocial factors, cultural, historical

context and government policies such as taxation, restrictions on advertisement and promotion.

A comparative study was conducted among 418 family members of alcoholics who consume alcohol with their spouses and without spouses to assess the impact of alcoholism on their marital satisfaction. The results depicted that husbands and wives who drank with their partners reported greater levels of marital satisfaction. Over time, marital satisfaction declined for both husbands and wives.

A descriptive study was conducted to examine effects of alcoholism in the family system among 20 respondents. The spouses of alcoholics reported that they lack in financial and economic security and their children showed abnormal behaviour patterns like increased anxiety, school drop out and criminal involvement (Spies, 2003).

Alcoholism causes reduced labour productivity and substantial reduction in the wages and earning. Problems like sickness, hang over, late arrivals and extended lunch break, making more mistakes, leaving assignments incomplete, problems with losses and co-workers and early departure are some of the work problems exhibited by the alcoholics in their work place.

The problems faced by family members of alcoholics like having less money for necessary expenses like food and clothing, neglecting to pay bills, creating additional expenses such as extra medical cost and fines. This can lead to further complications such as loss of housing, increased debt and a drop in the individual's standard of living. Continued alcohol abuse can also decrease the financial stability and well-being of the individual's entire family, including any child in the home.

The social problems faced by the family members of alcoholics as are losing friends and jobs, child abuse, domestic violence, separation of family members, divorce, work and school problems.

Alcohol-related mortality is often highest among the poorest people in a society. The harmful use of alcohol is a global problem which compromises both individual and social development. It results in 2.5 million deaths each year. Alcohol is the world's third largest risk factor for premature mortality, disability and loss of health (Mäkelä, 1999).

ALCOHOL IN INDIA AT A NEW HIGH

India is one of the largest producers of alcohol in the world and there has been a steady increase in its production over the last 15 years. Production doubled from 887.2 million litres in 1992-93 to 1,654 million litres in 1999-2000.

The Indian beer industry currently produces 4.32 million hectolitres of beer per year and is growing at a annual rate of 17 %. India is a dominant producer of alcohol in South-East Asia with 65 per cent of the total share and contributes to around 7 percent of the total alcohol beverage imports into the region. More than two-thirds of the total beverage alcohol consumption in the region is in India, according to figures in the Alcohol Atlas of India.

In India, Tamilnadu ranks first in alcohol sales by volume and intake of alcohol among youth between 19-26 age in hostel has register whooping 60 % (Social Development Foundation, 2010).

In India the consumption of alcohol is 2 litres per person a year. However, patterns of consumption vary. Kerala, Punjab, Andhra Pradesh, Goa and the North-Eastern States have a much higher proportion of alcohol consumption. Women tend to drink more in Assam, Arunachal Pradesh, Sikkim, the North - East, Madhya Pradesh, Chattisgarh, Orissa and Andhra Pradesh than their counterparts in the rest of the country.

There are 26 De-Addiction centres in Tamilnadu which provide treatment for detoxification such as individual counselling, group therapy, spouse counselling, family counselling, yoga and rehabilitation for needy patients.

The different literatures regarding coping among family members of alcohol dependence suggest that they are facing many problems in society, occupational areas, emotional aspect and financial crisis. The problem faced by family members is enormous when compared with the alcohol dependence persons, resulting in decreased coping pattern to daily life situations.

Considering the above facts, the researcher is interested to select family focused intervention in order to improve the coping level among family members of alcoholics in stressful situations.

1.2. STATEMENT OF PROBLEM

EFFECTIVENESS OF FAMILY FOCUSED INTERVENTION ON COPING AMONG FAMILY MEMBERS OF ALCOHOL DEPENDENT PATIENTS AT SELECTED ALCOHOL DE-ADDICTION CENTRE, COIMBATORE

1.3. OBJECTIVES

1.3.1. To assess the coping among family members of alcohol dependent patients.

1.3.2. To administer family focused intervention to family members of alcohol dependent patients.

1.3.3. To assess the coping after the administration of family focused intervention among family members of alcohol dependent patients.

1.4. OPERATIONAL DEFINITIONS

1.4.1. Effectiveness

Impact of family focused intervention provided to the family members of alcohol dependent patients.

1.4.2. Family Focused Intervention

An intervention which is used to resolve the problems and support the family members of alcohol dependent and facilitate their effective coping to the present situation. It includes emotional catharsis, individual counselling, positive reassurance and psycho education.

1.4.3. Coping

A state of psychological adaptation by the family members of alcohol dependent clients to the complex behaviours of alcohol dependent patients.

1.4.4. Alcohol Dependent

It is a condition in which the person is compelled to take alcohol and difficult to withdraw himself from alcohol without professional support.

1.5. ASSUMPTION

1.5.1. Family members of alcohol dependent clients may have inadequate coping.

1.5.2. Family focused intervention may help the family members to use constructive coping strategies.

1.5. CONCEPTUAL FRAME WORK

Conceptual framework is used in research to outline possible courses of action or to present a preferred approach to an idea or thought. Conceptual frameworks (theoretical frameworks) are a type of intermediate theory that attempt to connect to all aspects of inquiry (e.g., problem definition, purpose, literature review, methodology, data collection and analysis).

Conceptual framework for this study was based on transtheoretical model (TTM) which was designed by Prochaska. This model can be widely used as a dominant intervention in health promotion. According this model success of behaviour change in an individual lies in proactively applying stage-matched interventions across multiple systems which will increase participation, retention, progress and impact changes in healthy behaviour.

In this conceptual model the following stages are precontemplation, contemplation, preparation, action, adaptation/maintenance and evaluation. In the present study this model is applied to the family members of alcoholics who involved in the various stages.

Precontemplation

In this stage the individual is often unaware of the problem and has intention to change his unhealthy behaviour. In this study the family members had no intention to change and often unaware of problem.

Contemplation

The individual is aware of the existing problem and their solution, but not committed to take action. The family members are aware of the problem of alcoholics, but not committed to rectify it.

Preparation

The individual in family members of alcoholic's to take action, makes small changes and identifies goals and problems. Make the family members to involve in the family focused intervention.

Action

The individual dedicates considerable time, energy, make overt and viable changes and develop strategies to deal with problems. Through family focused intervention techniques the family members discuss regarding problem of alcoholism.

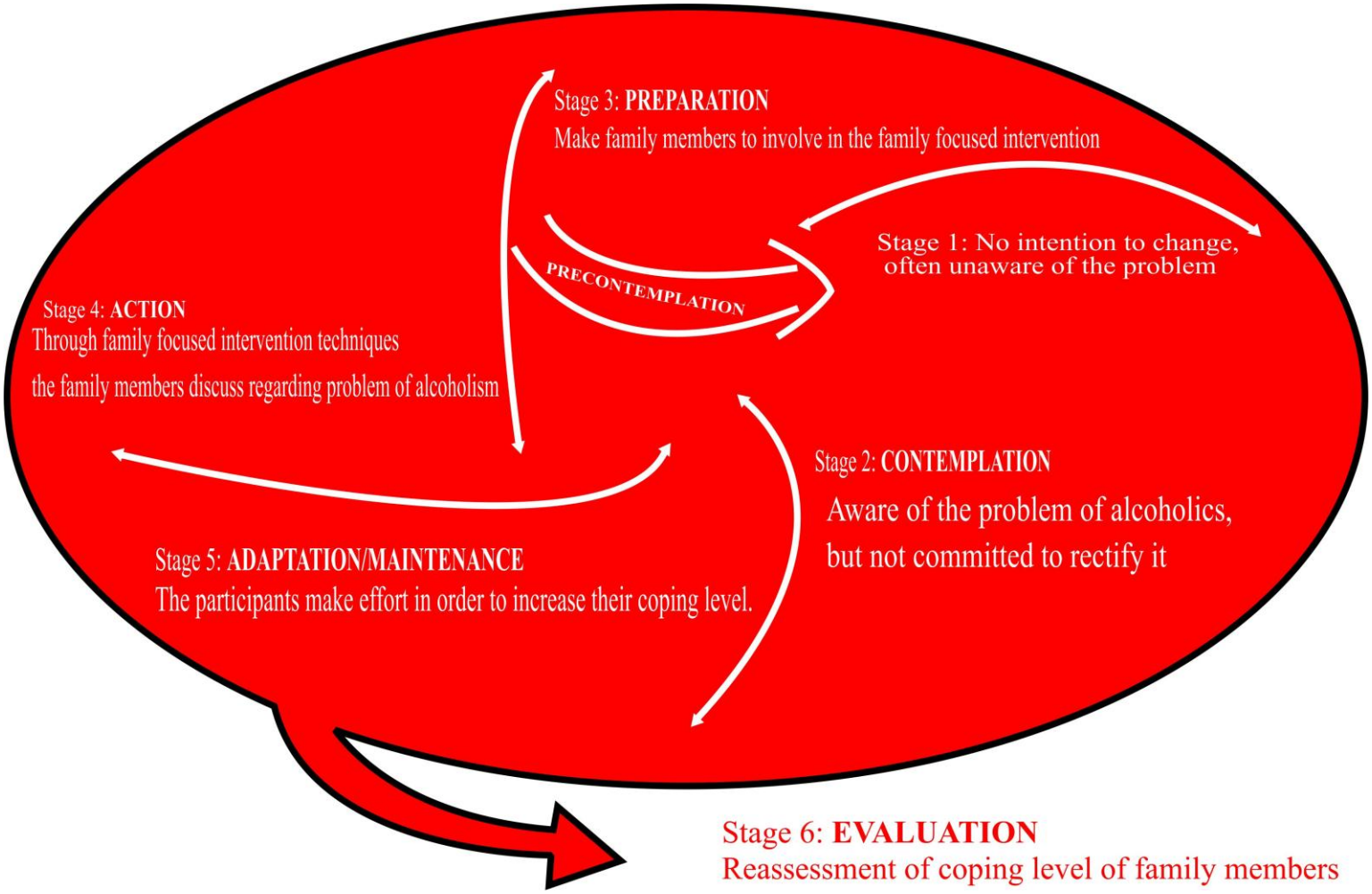
Adaptation/Maintenance

The individual works to adopt and adjust to facilitate maintenance of change. The participants make effort in order to increase their coping level.

Evaluation

Assessment and feedback of dynamic change process occurs here. Reassessment of coping level of family members of alcoholics was increased after intervention.

FIG. 1.1. MODIFIED CONCEPTUAL FRAMEWORK ON PROCHASKA'S TRANSTHEORETICAL MODEL



1.7. PROJECTED OUTCOME

Family Focused Intervention will increase the coping level among family members of alcoholics.

LITERATURE REVIEW

The present chapter deals about the review of literature pertinent to this study. The literature review is discussed under the following headings.

2.1. Literature related to coping among family members of alcoholics.

2.2. Literature related to Family Focused Intervention.

2.3. Literature related to Family Focused Intervention among family members of alcoholics.

2.1. LITERATURE RELATED TO COPING AMONG FAMILY MEMBERS OF ALCOHOLICS

A study was conducted in an outpatient department of psychiatric hospital to assess the coping behaviour in wives of alcoholics. The sample size was 100 females who were in the age group from 19-60 years. Coping with drinking questionnaire was administered to the wives of alcoholics. The results depicted that wives of alcoholics experienced lesser degree of marital satisfaction (Orford & Guthrics, 1975).

A comparative study was conducted among the middle aged wives of alcoholics to assess the alcohol related coping skills. In this study, 45 participants were selected and they were divided into two groups as Al-Anon experienced samples and No Al-Anon experienced samples. Their coping skills were assessed through the situation specific inventory. The results showed that the Al-Anon experienced samples exhibited adequate coping skills when compared with No Al-Anon experienced samples (Rychtarik, 1988).

A study was conducted to examine the coping behaviour of the wives of alcoholic men. The sample size for this present study was 46. Coping behaviour questionnaire and Eysenck's Personality Inventory was administered to the participants. Study findings revealed that the respondents expressed negative coping behaviours such as discord, fearful withdrawal, avoidance and extroversion and neuroticism (Chakravarthy, 1985).

A study was conducted among the wives of alcoholics to determine the extent of their coping and psychological well being. In this study, 29 participants were recruited through randomised sampling technique. Cross sectional questionnaire was administered to participants to assess the coping ability. The finding showed that participants exhibited reduced coping abilities characterized by avoidant and independent behaviour, withdrawal and hardship (Carolyn, 2000).

2.2. LITERATURE RELATED TO FAMILY FOCUSED INTERVENTION

A study was conducted in rural school district in a Midwestern state to examine the long term effects of the Lowa Strengthening Families Program. In this study, 446 families were recruited from 22 rural schools. Alcohol initiation index (AII-low score representing a lower level of alcohol initiation) was administered to the participants. The results depicted that all scores were significantly lower among intervention group adolescents compared than control group adolescents at 1 and 2 year follow-up assessments (Lepper, 1999).

A study was conducted to assess the impact of family centred early intervention services on children and their families during 1 year period. The sample consisted of 47 families and those family members attended 1 out of 36 programs.

This study assessed children's developmental functioning, mother's styles of interacting with their children and maternal stress both at the beginning and end of the study. Family Focused Intervention scale was administered to participants. The results showed that children exhibited increased developmental gains and mothers developed effective interpersonal relationships with their children (Jill Bella, 1999).

An explorative study was conducted to evaluate the effectiveness of Family Focused Intervention among families to reduce their effect of grief of terminally ill patient. In this study, 257 samples were randomly assigned into experimental group (233 individuals) and control group (130 individuals) and screened through the family relationship index. Family Focused Intervention was implemented to the interventional group and its effectiveness was checked at 6 and 13 months using family assessment device. The inference depicted significant improvement in distress and depression among family members (David, 2006).

A longitudinal study was conducted to examine the intervention effects on adolescent alcohol and tobacco use trajectories. Samples for this study included 373 family members and they were recruited through randomized controlled trial. Family Focused Programme was implemented to participants. The results showed that family members attained remarkable benefits out of this program (Richard, 2004).

2.3. LITERATURE RELATED TO FAMILY FOCUSED INTERVENTION AMONG FAMILY MEMBERS OF ALCOHOLICS

A study was conducted to evaluate the effect of anger management program among family members of patients with alcohol use disorder. A total of 63 participants were selected and Korean anger expression inventory was used to

measure the anger expression. The study results showed that the anger management program was effective to promote anger expression and anger management for family members of alcohol use disorders (Son & Choi, 2010).

A study was conducted to evaluate the effect of marriage among young adults who consume alcohol heavily. A sample of 508 young adults was selected for this study through purposive sampling technique. The result showed that there was a significant decline in socialization and consumption of alcohol after marriage (Lee., & Chassin, 2010).

A study was conducted in Umea University to examine risk and vulnerability factors contributing to problems with alcohol use in adolescence. The sample size for this study was 1163 adolescents (809 boys and 354 girls) and they were selected through purposive sampling technique. Data was collected from these adolescents using Adolescents Drug Abuse Diagnosis (ADAD) interview method. The results revealed that the adolescents had antisocial problems, peer problems and problems with family members and relationship (Ybrandt, 2010).

A longitudinal study was conducted to find out relationships among wives and husbands. Factors like alcoholism status, marital behaviours and marital adjustment were tested. Hundred and five couples in a community based samples of alcoholics and non alcoholics were participated in this study. The result showed that husband's life time alcohol use disorders predicted lower levels of their wive'ss positive marital behaviours. Findings indicated that marital adjustment and marital behaviour in alcoholic couples had more by the wives when compared than husbands (Cranford & Floyed, 2011).

A study was conducted in California State University to find out the association between substance use family functioning and self image among adolescent groups. The sample size was 15 who were selected through purposive sampling technique. Participants completed pre test regarding their alcohol and marijuana use along with family functioning and self - image. Ordinal Logistic regression was performed to examine the associations. Results indicated that both family functioning and self-image were significantly associated with alcohol and marijuana use. Those who scored lower on family functioning and self-image were at increased risk for substance use. Furthermore, students who scored low in both family functioning and self-image were about twice as likely to report using alcohol (Weiss & Merrill, 2011).

A study was conducted in Loyola Marymount University to examine family history of alcohol abuse among college students. The sample size was 3753 participants who were selected through randomized sampling technique and pre test was done through online assessments. When compared to no family history of same sex peers and family history of males and females consume more alcohol and experienced more alcohol related negative consequences. Males with family history of alcohol were especially vulnerable to high levels of alcohol consumption. Results revealed that family history of individuals in the college environment had increased risk for alcohol consumption (Labrie & Kenney, 2010).

A study was conducted among family members of alcoholic client to evaluate the impact of relapse prevention for alcohol dependence at a Addiction treatment facility in India. The sample size was 90 male participants who were selected and

divided into three groups as individual relapse prevention (IRB), dyadic relapse prevention (DRP) and treatment as usual (TAU). Samples were selected through randomized sampling technique and family oriented intervention was implemented for the participants. The results revealed that family oriented intervention reduced the relapse of alcoholism in alcohol dependent individuals (Nattala, 2010).

METHODOLOGY

The present study was designed to evaluate the effect of family focused intervention on coping among family members of alcoholics. This chapter deals with the description of the research approach, research design, setting, population, criteria of sample selection, sampling, variables of the study, materials, hypothesis, pilot study, main study and techniques of data analysis.

3.1. RESEARCH APPROACH

The present study aimed at determining the effect of family focused intervention on coping among family members of alcoholics. Hence, a quantitative research approach was adopted for this study.

3.2. RESEARCH DESIGN

The research design selected for this study was quasi experimental design one group pre-test and post-test design. It was found to be appropriate to evaluate the effectiveness of family focused intervention on coping among family members of alcoholics.

3.3. SETTING

The study was conducted at Kasturba Gandhi Memorial De-addiction Centre, Coimbatore. Individual and group counselling, rehabilitation, yoga and recreational activities are rendered routinely as a therapeutic intervention in this centre for the clients who are admitted for De-addiction.

3.4. POPULATION

The target population for the present study was family members of alcoholics in the selected de-addiction centre in Coimbatore. The total population of alcoholics in the centre was 60. The sample size of the present study was 30.

3.5. CRITERIA FOR SAMPLE SELECTION

The samples were taken based on following inclusion and exclusion criteria.

3.5.1. *Inclusion Criteria* :

The participants with following criteria were selected for the study.

1. Family members (spouse, son, daughter, parents) those who are major.
2. Family members who are willing to participate.

3.5.2. Exclusion Criteria :

The participants with following criteria were excluded in the study.

1. Family members who are not willing to participate.
2. Family members below 18 years of age.
3. Family members with the habit of alcohol consumption.
4. Family members those who are not staying with alcoholics.
5. Family members those who have physical and mental illness.

3.6. SAMPLING

Purposive sampling technique was adopted to choose the samples.

3.7. VARIABLES OF THE STUDY

The independent variable in the present study was family focused intervention and dependent variable was coping of family members of alcoholics.

3.8. MATERIALS

Materials used for this study consists of 3 sections**.**

Section A: Demographic Profile

Section B: Modified Lazarus Coping Scale (Lazarus, 1991).

Section C: Family Focused Intervention.

3.8.1**.** *Demographic Profile* :

Demographic profile consist of personal information about the family members of alcoholics such as age, gender, duration of marriage, marital status, number of children, educational status, occupation, income, type of family and duration of problems.

3.8.2. *Modified Lazarus Coping Scale* :

The coping strategy instrument was made by Lazarus in 1991 to assess the coping methods used by the family members. In this instrument coping was classified into problem oriented coping and affective oriented coping. To measure each coping there are 15 items and the responses are undecided, never, sometimes and always. Total score of this scale was 90 and lowest score was 0.

3.8.3. *Administration of Scale* :

The coping strategy instrument is used to assess the coping of the family members. Each method of coping is measured by using 15 items. Inventory was given to the family members and asks them to read the statement carefully and put a tick mark against the option.

Scoring

This scale is a standardized tool which consists of 30 questions which measures the coping of family members of alcoholics. The responses of the 30 items are ranged from (0 = undecided, 1= never, 2 = sometimes, 3 = always).

Interpretation

< 50	-	Inadequate coping
51-70	-	Moderate coping
> 70	-	Adequate coping

3.8.4. *Validity and Reliability*

Modified Lazarus Coping Scale was found to be effective with the reliability and validity of 0.8.

Procedure for family focused intervention

Steps

1. Researcher first maintains good rapport with family members of alcoholic dependent patients.
2. Researcher asks all family members to get together in one place for session.
3. Researcher collects the history from the patient and family members regarding the alcoholic dependence, changes in physical, psychological, occupational functioning of the client, its impact on family functioning of the patient and expressed emotion and coping by the family members.
4. Allow to family members to freely ventilate the emotional feeling.
5. At the beginning of the session the therapist addresses the poor communication pattern, lack of mutual warmth, support and poor role functioning.

6. Researcher explains to the family members that alcoholism starts as a habit and how it turns as a disease.
7. Family intervention also helpful to overcome the problems of the spouse and children of alcoholics.
8. Researcher motivates the family members, patient and encourages them for effective functioning of the family.
9. This motivation helps him for abstinence of alcohol and facilitates positive changes in the individual.
10. Give reassurance to the family members of alcoholics.
11. Researcher provide supportive counselling
    1. Discuss about the emotional need of the addicts
    2. Discuss regarding compulsive drinking to overcome withdrawal symptoms
    3. Teaches the family members regarding to avoid negative criticism of behaviour and anger management it includes
        i. Do a physical activity (change the thoughts, clean the house or office)
        ii. Calm yourself - you should repeat the words helpful to overcome the anger and listening calm music.
        iii. Express yourself appropriately talk out your problems with counsellor and family therapist.
12. After family focused intervention the family members will express greater satisfaction in family functioning such as free and open communication, mutual warmth and support, becoming ideal role models and evincing good leadership.
13. Researcher teaches the family members regarding problem solving skills and community based rehabilitation to prevent relapse.

3.9. HYPOTHESES

H_1 : There is a significant difference in problem oriented coping among family members of alcoholics before and after family focused intervention.

H_2 : There is a significant difference in affective oriented coping among family members of alcoholics before and after family focused intervention.

H_3 : There is a significant difference in the level of coping among family members of alcoholics after family focused intervention.

3.10. PILOT STUDY

Before the main study pilot study was conducted to check the feasibility, practicability, reliability and validity. The study was conducted in Kasturba Gandhi Memorial De-addiction Centre, Coimbatore for family members of alcohol dependent patients from 14.03.11 - 23.03.11. The samples those fulfilled criteria were recruited in pilot study and the sample size was 10. Personal information was collected from each sample. Modified Lazarus Coping Scale was administered to the family members of alcoholics. Then family focused intervention was implemented to the family members of alcoholics. Intervention was given for duration of 20-30 minutes for 10 family members of alcoholics for a period of 8 days. Post test was conducted in the 10^{th} day to evaluate the coping level of the family members of alcoholics after administering family focused intervention. The data was tabulated and analyzed using descriptive statistical methods and results showed that coping level of family members improved after administration of family focused intervention. Hence, the study is feasible and practical.

3.11. MAIN STUDY

The data was collected for 30 days. The study was conducted at Kasturba Gandhi Memorial De-addiction centre in Coimbatore for family members of alcoholics from 20.06.11 to 20.07.11. The samples those who fulfilled criteria were recruited in the main study and the sample size were 30. Pre test was done on the first day using Modified Lazarus Coping Scale. Then family focused intervention was given to the family members of alcohol dependent patients. Intervention was given for duration of 20-30 minutes (9-10 sessions) for 10 family members of alcohol dependent patients for a period of 10 days. Post test was conducted in the 11^{th} day for each group to evaluate the level of coping among family members of alcoholics after administering family focused intervention.

3.12. TECHNIQUES OF DATA ANALYSIS AND INTERPRETATION

Descriptive and inferential statistical methods were used for data analysis. Descriptive statistics applied for demographic variable such as age, sex, level of income, marital status, type of family, no. of children, duration of alcoholic problems. Inferential statistical method used for the study was paired ‘t’ test to find the significant different in coping before and after Family Focussed Intervention.

DATA ANALYSIS AND INTERPRETATION

The present chapters deal with the data analysis and interpretation. Level of coping among family members of alcoholics was assessed in this study. The data collected was grouped and analyzed using descriptive and inferential statistics.

The study was intended to find the effectiveness of family focused intervention on coping among family members of alcoholics. The study was conducted in Kasturba Gandhi Memorial De-addiction centre, Coimbatore. A total of 30 samples were recruited in the study.

SECTION – I

4.1. BASELINE DATA PRESENTATION

Data collected from 30 samples were tabulated, analyzed and interpreted to study the effect of family focused intervention on coping among family members of alcoholics. It was presented in the form of tables and figures.

TABLE 4.1.
DEMOGRAPHIC DISTRIBUTION OF FAMILY MEMBERS

(N=30)

Demographic Variables	No. of respondents	Percentage (%)
Age		
15-25	9	30
25-35	13	43
35-45	6	20
Above – 45	2	7
Sex		
Male	15	50
Female	15	50
Level of Income		
1000-3000	3	10
3000-5000	10	33
5000-10000	11	37
House Wife	6	20
Marital status		
Married	20	67
Unmarried	10	33
Type of family		
Nuclear Family	26	87
Joint Family	4	13
No. of Children		
Present	28	93
Absent	2	7
Duration of alcoholic problems		
Below 5 yrs	4	13
5-10 yrs	20	67
Above 10 yrs	6	20

The table on age distribution reveals that majority of the respondents (i.e.) 43.3 % of family members were 25-35 years of age, 30 % of family members were 15-25 years of age, 20 % of family members were 35-45 years of age, and 6.7 % of family members were above 45 years of age. With respect to gender distribution 50 % respondents were male and 50 % were female. Majority of samples (36.7 %) had income of Rs. 5000-10000, 33.3 % had income of 3000-5000, 20 % were house wife and 10 % had income of 1000-3000. Majority of family members 66.7 % were married and 33.3 % were unmarried. Majority of respondents 86.7 % were lives in nuclear family and 33.3 % respondents were lives in Joint family. Majority of respondents (93.3 %) had children and 6.7 % of respondents are had no children. Majority of respondents (66.7 %) have alcoholics problem for 5-10 years, 20 % of respondents have alcoholics problem for above 10 years and 13.3 % respondents have alcoholics problem for below 5 years.

FIG. 4.1.
AGE DISTRIBUTION OF FAMILY MEMBERS

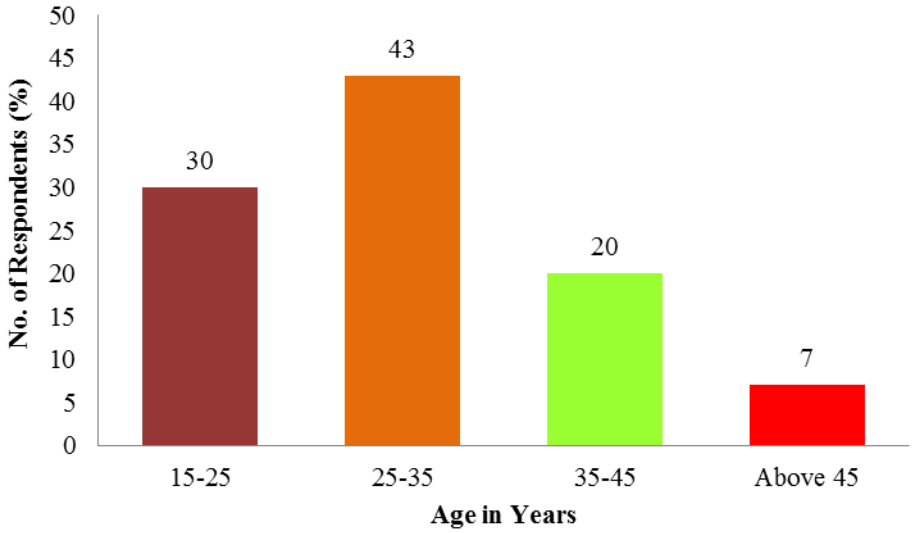


FIG. 4.2.
SEX DISTRIBUTION OF FAMILY MEMBERS

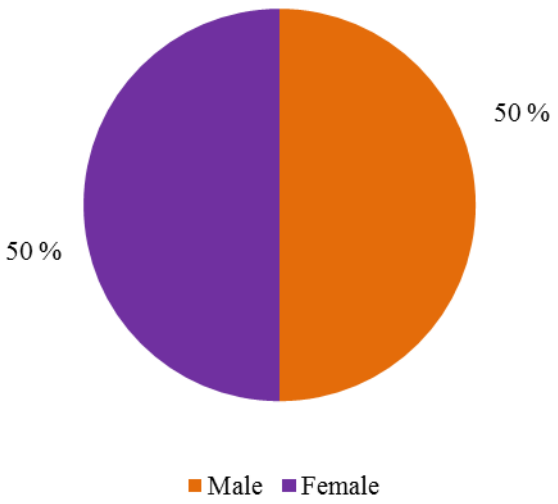


FIG. 4.3.
INCOME DISTRIBUTION OF FAMILY MEMBERS

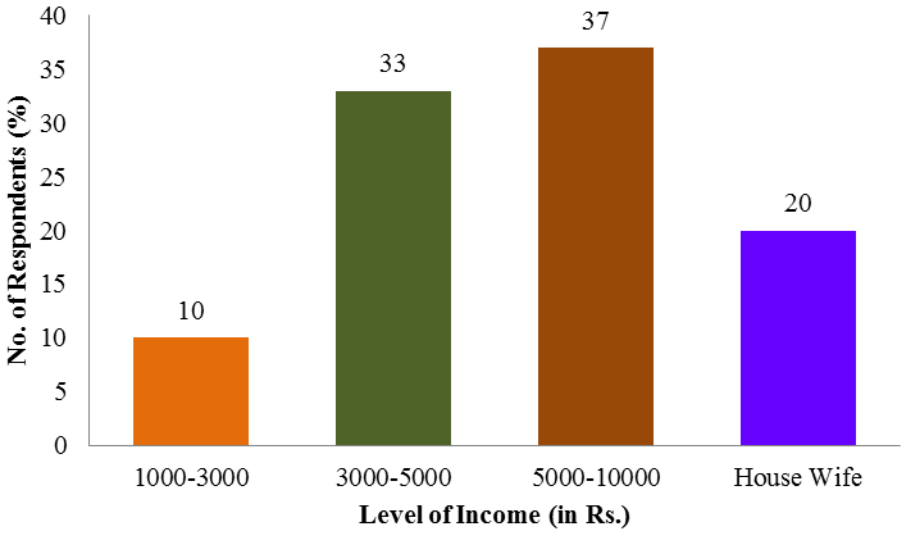


FIG. 4.4
MARITAL STATUS DISTRIBUTION OF FAMILY MEMBERS

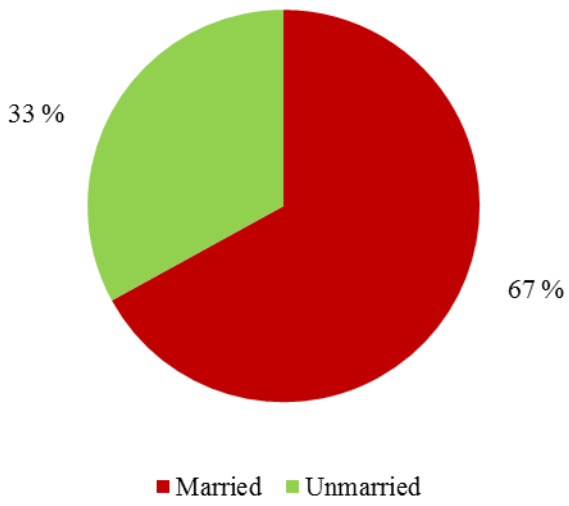


FIG. 4.5
DISTRIBUTION ON TYPE OF FAMILY

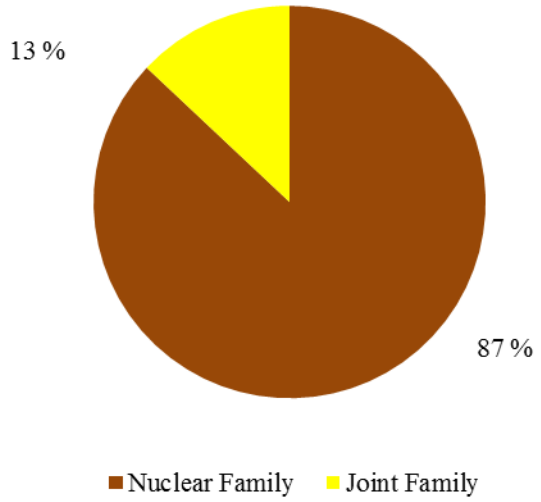


FIG. 4.6
DISTRIBUTION ON NO. OF CHILDREN IN FAMILY MEMBERS

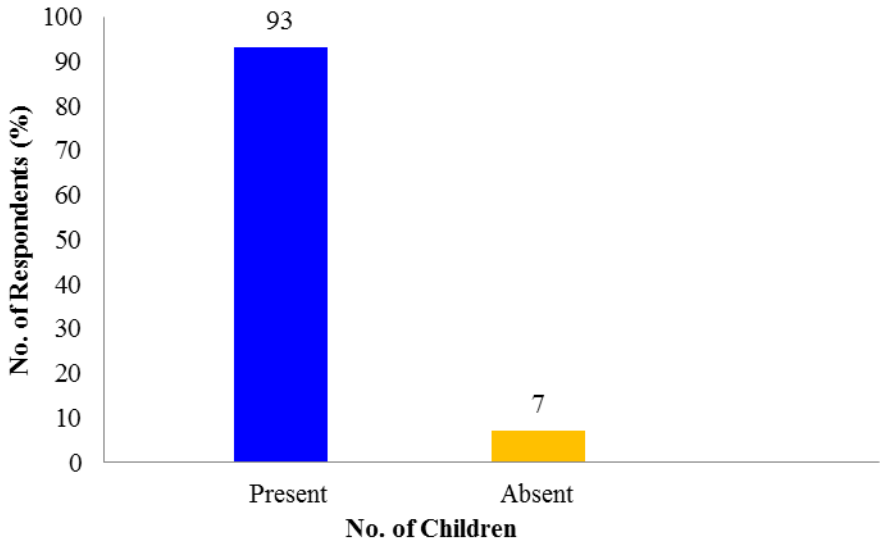
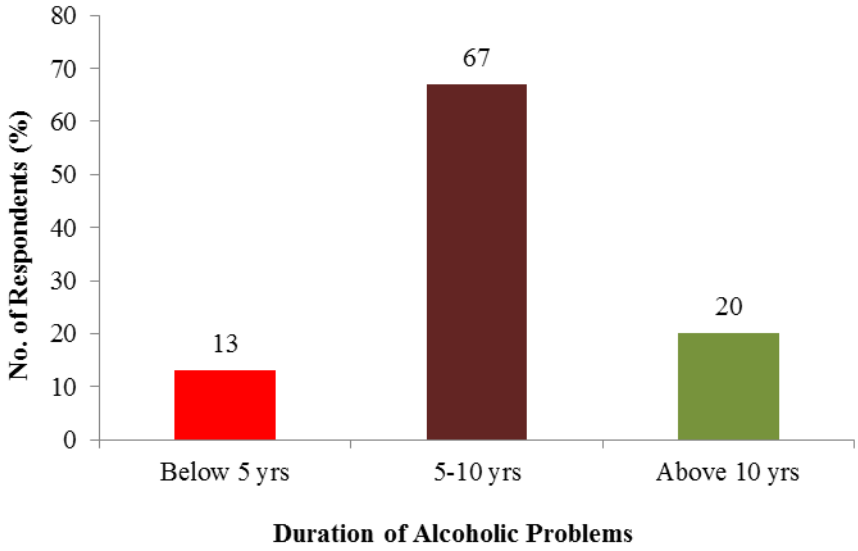


FIG. 4.7
DISTRIBUTION ON DURATION OF ALCOHOLIC PROBLEMS IN FAMILY MEMBERS



SECTION –II

4.2 ASSESSMENT ON THE LEVEL OF COPING AMONG FAMILY MEMBERS OF ALCOHOLICS

The level of coping was assessed with Modified Lazarus Coping Scale to the family members of alcoholics and it was categorized as inadequate coping, moderate coping and adequate coping.

TABLE 4.2
COMPARISON ON THE LEVEL OF COPING BEFORE AND AFTER FAMILY FOCUSED INTERVENTION

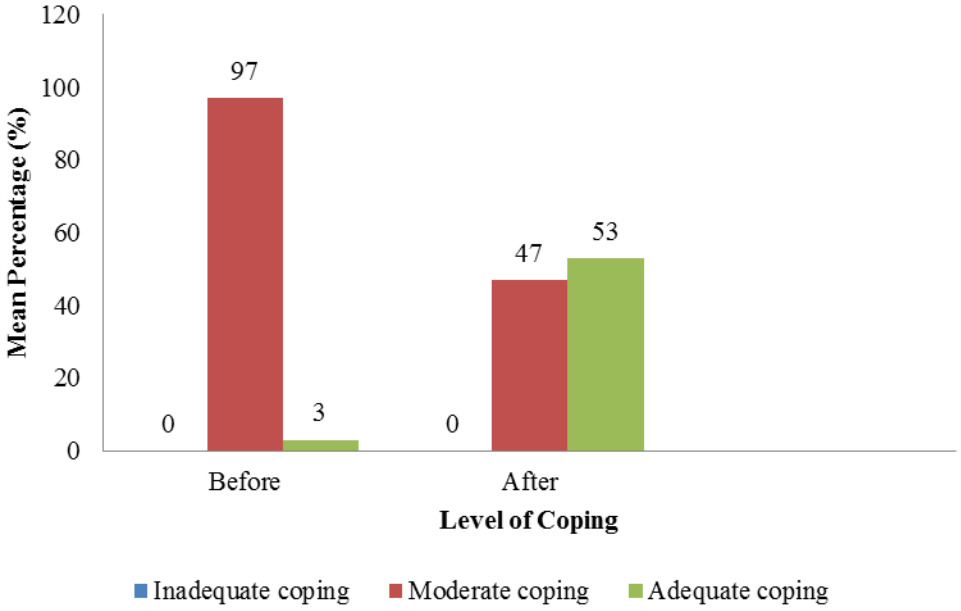
(N=30)

Level of coping	Before intervention		After intervention	
	No. of Participants	Percentage (%)	No. of Participants	Percentage (%)
Inadequate coping	-	-	-	-
Moderate coping	29	97	14	47
Adequate coping	1	3	16	53

The above table shows that 29 samples were found to have moderate coping and 1 sample were found to have adequate coping before family focused intervention.

After implementing family focused intervention, it was found that 14 samples had moderate coping and 16 samples had adequate coping.

FIG. 4.8.
COMPARISON ON THE LEVEL OF COPING BEFORE AND AFTER FAMILY FOCUSED INTERVENTION


120
100
80
60
40
20
0
Mean Percentage (%)
97
0
3
0
47
53
Before
After
Level of Coping
Inadequate coping
Moderate coping
Adequate coping

SECTION – III

4.3. ANALYSIS ON EFFECTIVENESS OF FAMILY FOCUSED INTERVENTION

Paired t' test was used to analyze the effectiveness of family focused intervention.

TABLE 4.3.
COMPARISON ON PROBLEM ORIENTED COPING BEFORE AND AFTER INTERVENTION

(N=30)

Group	Mean Score	SD	Mean %	Mean Difference	't'
Pre test Problem oriented coping	32.53	3.75	72	6.07	12.0**
Post test Problem oriented coping	38.6	1.43	85.8		

**Significant at 0.01 level.

The table shows that the calculated mean and respective standard deviation of Problem Oriented Coping obtained before and after implementation of family focused intervention among family members of alcoholics.

The data shows that from a mean score of 32.53, the score increased to 38.6 with a mean difference 6.07. The calculated't' value 12.00 was greater than the table value (1.960) at 29 degree of freedom at 0.01 level of significance. Hence, the research hypothesis **"There is a significant difference in problem oriented coping among family members of alcoholics before and after family focused intervention"** is accepted. This shows that a significant difference exist between the mean scores before and after therapy. Thus, the difference is statistically significant

and it confirms that family focused intervention was effective in increasing the coping level of family members of alcoholics.

TABLE 4.4.
COMPARISON ON AFFECTIVE ORIENTED COPING BEFORE AND AFTER INTERVENTION

(N=30)

Group	Mean Score	SD	Mean %	Mean Difference	't'
Pre test affective oriented coping	29.6	2.60	65.8	2.9	8.55**
Post test affective oriented coping	32.5	2.05	72.2		

**Significant at 0.01 level.

The table shows that the calculated mean and respective standard deviation of Affective Oriented Coping obtained before and after implementation of family focused intervention among family members of alcoholics.

The data shows that from a mean score 29.6, the score increased to 32.5 with a mean difference 2.9, the calculated 't' value 8.55 was greater than the table value (1.960) at 29 degree of freedom at 0.01 level of significance. Research hypothesis which states **'There is a significant difference in affective oriented coping among family members of alcoholics before and after family focused intervention'** is accepted. This shows that a significant difference exist between the mean scores before and after therapy. Thus the difference is statistically significant and it confirms that family focused intervention was effective.

TABLE 4.5.
COMPARISON ON COPING BEFORE AND AFTER INTERVENTION

(N=30)

Group	Mean Score	SD	Mean %	Mean Difference	't'
Pre test	62.17	4.40	69	8.96	2.65**
Post test	71.13	2.99	79		

**Significant at 0.01 level.

The table shows that the calculated mean and respective standard deviation of coping before and after implementation of family focused intervention to family members of Alcoholics. The data shows that from a mean score 62.17 the score was increased to 71.13 with a mean difference of 8.96.

The calculated 't' value 2.65 was greater than the table value (1.960) at 29 degree of freedom at 0.05 level of significance. Hence, the research hypothesis **"There is a significant difference in the level of coping among family members of alcoholics' after family focused intervention"** is accepted. This shows that a significant difference exists between the mean scores before and after therapy. Thus the difference is statistically significant and it confirms that family focused intervention was effective in increasing the coping level of family members of Alcoholics.

RESULTS AND DISCUSSION

This chapter deals with the interpretation of the results and discussion of the findings. The study was conducted at Kasturba Gandhi Memorial De-Addiction Centre, Coimbatore. The main focus of the study was to assess the coping level of the family members of the Alcoholics.

Thirty family members were included in this study. Family focused intervention was given to the family members of alcoholics. Each family member have undergone nine sessions. Family members of Alcoholics were encouraged to improve the coping level.

5.1. DISTRIBUTION OF DEMOGRAPHIC VARIABLES OF FAMILY MEMBERS

5.1.1. Age

In these study 43.3 % family members belongs to the age group of 25-35 years, 30 % of family members belongs to the age group of 15-25 years, 20 % of family members belongs to the age group of 35-45 years and 6.7 % of family members belongs to the age group of above 45 years.

5.1.2. Sex

In this study out of 30 samples, 50 % respondents were Male and 50 % respondents were Female.

5.1.3. Educational Status

In this study all the 30 respondents were educated.

5.1.4. Income

In this study majority of samples (36.7 %) had income of Rs 5000-10000, 33.3 % had income of 3000-5000, 20 % were housewife and 10 % had income of 1000-3000.

5.1.5. Marital Status

In this study out of 30 samples, 66.7 % respondents were married and 33.3 % respondents were unmarried.

5.1.6. Type of Family

In this study out of 30 samples, 86.7 % respondents were from nuclear family and 33.3 % respondents were from joint family.

5.1.7. Number of Children

In this study out of 30 samples, 93.3 % respondents have children and 6.7 % respondents have no children.

5.1.8. Duration of Alcoholic Problems

In this study out of 30 samples, 66.7 % respondents had problem for 5-10 years, 20 % respondents had problem for 10 years and 13.3 % respondents had problem below 5 years respectively.

5.2. Findings Related to the Effectiveness of Family Focused Intervention on Coping among Family Members of Alcoholics Related to Problem Oriented Coping

The result reveals that the pre test score obtained among family members in problem oriented coping was 32.53 and for post test it was 38.6. The standard

deviation for pre test was 3.75 and in post test standard deviation was 1.43. The mean difference was found to be 6.08. This reveals that there was a significant increase in coping among family members of alcoholics.

5.2.1. Findings Related to the Effectiveness of Family Focused Intervention on Coping among Family Members of Alcoholics Related to Affective Oriented Method

The result reveals that the pre test mean score obtained among family members in affective oriented coping was 29.6 and for post test it was 32.5. The standard deviation for pre test was 2.60 and in post test standard deviation was 2.05. The mean difference was found to be 2.9. This reveals that there was a significant increase in coping among family members of alcoholics.

5.2.2. FINDINGS RELATED TO PRE TEST AND POST TEST SCORE OBTAINED AMONG FAMILY MEMBERS OF ALCOHOLICS DURING FAMILY FOCUSED INTERVENTION ON COPING PATTERN

The result reveals that the pre test mean scores obtained in family members was 62.17 and the post test score was 71.13. The standard deviation for pre test was found to be 4.40 and for post test it was 2.99. The mean difference obtained was 8.96. This reveals that family focused intervention was very effective to increase in coping among family members of alcoholics.

5.3. DISCUSSION

On analysis the main findings of study shows that the intervention was found to be effective. Hence, the calculated ‘t’ value for problem oriented coping was 12 which is higher than the table value 1.960 at 29 degrees of freedom.

The calculated‘t’ value obtained for affective oriented coping was found to be 8.55 which is higher than table value (1.960) at 29 degrees of freedom with 0.01 level of significance.. Hence, the hypothesis **“There is a significant difference in the level of coping among family members of alcoholics after family focused intervention”** is accepted.

SUMMARY AND CONCLUSION

This chapter summarizes the major findings, limitations, implications in the field of nursing education, nursing practice, nursing research and recommendations.

This study was to identify the effect of family focused intervention on coping among the family members of alcoholics. The study was conducted at Kasturba Gandhi Memorial De-Addiction Centre. The study design was quasi experimental (pre-test and post test design). The data was collected for a period of ten days. Purposive sampling method was used to select the sample for the study. Total number of samples selected during the study period was 30. Modified Lazarus Coping Scale was administered to assess the level of coping. Those who scored below 70 were selected as sample for the study. Family focused intervention was administered for a period of ten days and the level of coping was reassessed.

6.1. MAJOR FINDINGS OF THE STUDY

1. The coping level was found to be lesser before the family focused intervention among the family members of alcoholics.
2. The coping level was found to be increased after the family focused intervention among the family members of alcoholics.
3. The significant difference in level of coping was identified after family focused intervention.

6.2. LIMITATION

1. The study was limited to Kasturba Memorial De-Addiction centre, Coimbatore.
2. Sample size of the study was small which limits the generalization of the study findings.

6.3. RECOMMENDATIONS

1. The study can be replicated with a larger size for wider generalization of findings.
2. A similar study can be conducted among the family members of various substance abuse disorders.
3. A similar study can be conducted with large sample to determine the association of demographic variables with coping.
4. A follow-up study can be conducted to determine the level of coping.

6.4. NURSING IMPLICATIONS

6.4.1. Nursing Education

Alcohol is one of the major public and health problems all over the world. Each member of the family may be affected by alcoholism in different manner. Psychiatric nursing curriculum emphasis various therapeutic communication techniques to identify the problem and coping of family members of alcoholics.

6.4.2. Nursing Administration

The nurse administrator can draw written policies regarding family focused intervention to increase coping among family members of alcohol dependence. There by the staff nurses are kept in pace with the evidence based practice

6.4.3. Nursing Practice

Family focused intervention helps the family members to cope up with problems of alcohol dependence. Nurses working in alcohol de-addiction centres and hospitals should be trained to focus on family focused intervention to promote the coping among the family members of alcoholics.

6.4.4. Nursing Research

Nursing research is need to focus more on evidenced based practice and holistic care by understanding the various techniques that can bring about significant positive outcomes among family members of alcoholics. Nursing research is intended to often up to date suggestions in implementing family focused intervention methods which includes individual counselling, positive reassurance, recreational activities, yoga, relaxation therapies and health education which is an effective way in promoting the coping levels among family members of alcoholics.

6.5. CONCLUSION

The study was conducted to find the effect of family focused intervention on coping among the family members of alcoholics. Mean value and percentage of the coping score has increased from 62.17 % to 71.13 % and found to be significant. Hence, the intervention was effective in increasing the level of coping.

References

Anxiety Disorders- Family-focused Interventions - Single Parent, Development, Children, and Treatment,. *Marriage and Family Encyclopedia*, Retrieved October 18, 2011, from http://family.jrank.org/pages/95/Anxiety-Disorders-Family-Focused-Interventions.html

Adverse Effects of Alcohol on Women: Health, Social and Professional life Articles Knowledge Hub. (2004). *Do you want to publish your articles? Publish Your Articles*. Retrieved October 5, 2011, from http://www.publishyourarticles.org/knowledge-hub/articles/adverse-effects-of-alcohol-on-women-health-social-and-professional-life.html

Alcohol in India at a New High. (2008, May 3), *The Hindu*, pp. 1-4.

Alcoholism and Its Effect on the Family. *Psychology Classroom at All Psych Online*. Retrieved October 9, 2011, from http://allpsych.com/journal/alcoholism.html

Athencottasan Muthamizh Kazhagam. Drug de-addiction treatment cum rehabilitation centre, *Athencottasan Muthamizh Kazhagam - Home Page*, Retrieved September 15, 2011, from http://amkcentre.org/AMK_Activities_6.html

Chassin, L., & Mackinnon, D. (2010). The Effect of Marriage on Young Adult Heavy Drinking and its Mediators. *Psychology of Addiction Behavior*, *24* (4), 712 - 718.

Conceptual Model for the Research Development Program. *Google*. Retrieved October 20, 2011, from http://www.google.co.in/search?sclient=psy-ab&hl=en&site=&source=hp&q=Conceptual+Model+for+the+Research+Dev

elopment+Program&btnK=Google+Search.

Cranford, J. (2011). Husband and Wives Alcohol Use Disorders and Marital Interactions as Longitudinal Predictors of Marital Adjustment. *Journal of Abnormal Psychology, 120* (1), 210-222.

Diagnostic Criteria for Alcohol Abuse and Dependence.- Alcohol Alert No. 30-1995. (2002). *NIAAA Publications*. Retrieved November 24, 2011, from http://pubs.niaaa.nih.gov/publications/aa30.htm

Das, S. K. (2006). Alcohol: Its Health and Social Impact in India, *The National medical journal of India, 19* (2), 94-98.

David, W. (2006). Family Focused Grief Therapy: A Randomized, Controlled Trial in Palliative Care and Bereavement, *The American Journal of Psychiatry, 163*(7), 1208-1218.

Effects of Alcoholism on Families. (2003). *Alcoholism: Information, Resources, Support Services, and Treatment Options.* Retrieved September 21, 2011, from http://www.learn-about-alcoholism.com/effects-of-alcoholism.html

James, A. (2011). Husbands and Wives Alcohol Use Disorders and Marital Interactions as Longitudinal Predictors of Marital Adjustment, *Journal of Abnormal Psychology, 120* (1), 210 - 222.

James, A., & Robert, A. (2011). Husbands and Wives Alcohol Use Disorders and Marital Interactions as Longitudinal Predictors, *Journal of Abnormal Psychology, 120* (1), 210 - 222.

Kenney, S. (2010). Family History of Alcohol Abuse Associated with Problematic Drinking among College Students, *Addiction Behaviors, 35* (7), 721 - 722.

Leonard, K. E. (2006). Marital and Family Processes in the Context of Alcohol Use

and Alcohol Disorders, *Annual Review of Clinical Psychology*, *3*, 285-310.

Merrill, V., & Akagha, K. (2011). Substance Use and its Relationship to Family Functioning and Self image in Adolescents, *Journal of Drug Education*, *41* (1), 79 - 97.

Makela. (1999). Retrieved November 7, 2011, from http://www.bks.no/biblio.html

Nattala, P., & Murthy, P. (2010). Family Member Involvement in Relapse Prevention Improves Alcohol Dependence Outcomes. *Study of Alcohol Drug*, *71* (4), 581 - 587.

Rhaj, A. (2002). Indian Alcohol Policy Alliance (IAPA). *Indian Alcohol Policy Alliance (IAPA) - Home*. Retrieved November 5, 2011, from http://www.indianalcohol policy. org/enl/at_a_new_high.html

Richard, D. (2005). Family Interventions in the Treatment of Alcohol and Drug Problems. *Drug and Alcohol Review*, *25*, 369 - 385.

Ruth, C. (1990). Family Background of Alcohol Abuse and its Relationship to Alcohol Consumption among College Students, *Journal of Studies on Alcohol*, *51* (6), 55 - 59.

Richard, L. (2004). Family-Focused Preventive Interventions: Evaluating Parental Risk Moderation of Substance Use Trajectories. *Journal of Family Psychology*, *18* (2), 293-301.

Silverstein, H. (2004). Substance Abuse and Mental Health Publications. SAMHSA Store. *Substance Abuse and Mental Health Publications SAMHSA Store*. Retrieved October 15, 2011, from http://www.health.org/non govpubs/coafacts/

Son, J., & Choi, Y. (2010). The Effect of an Anger Management Program for Family Members of Patients with Alcohol Use Disorders, *Archives of Psychiatric Nursing*, *24* (1), 38 - 45.

Substance Abuse and Mental Health Publications| SAMHSA Store. (2002). *Substance Abuse and Mental Health Publications*| *SAMHSA Store*, Retrieved August 24, 2011, from http://www.health.org/nongovpubs/coafacts/

Thomas, B. (2007). Family Intervention Therapy in Alcohol Dependence Syndrome, *Indian Journal of Psychiatry*, *49* (3), 200 - 204.

Ybrandt, H. (2010). Risky Alcohol Use, Peer and Family Relationship and Legal Involvement in Adolescent with Antisocial Problems. *Journal of Drug Education*, *40* (3), 245 - 264.

FORMAT FOR CONTENT VALIDITY

Name of the expert: **Dr. Marikannan, MBBS, M.D,**

Address: Professor, Department of Psychiatry,
Coimbatore medical college and hospital,
Coimbatore - 641.

Kindly validate each tool and tick wherever applicable

S.No	Sections of the tool	Strongly agree	Agree	Needs modification	Remarks
1 .	SECTION A		✓		
2	SECTION B		✓		
3	SECTION C		✓		

Total content for the tool : Adequate /Inadequate

Date: 16/2/17

Signature of the expert

FORMAT FOR CONTENT VALIDITY

Name of the expert: Dr.C.Balakrishna Murthy, Ph.D.,

Address: Assistant professor & Principal Investigator,
UGC major Research Project,Department of Psychology,
PSG College of Arts & Science,
Coimbatore-641044

Kindly validate each tool and tick wherever applicable

S.No	Sections of the tool	Strongly agree	Agree	Needs modification	Remarks
1 .	SECTION A	✓			
2	SECTION B	✓			
3	SECTION C	✓			

Total content for the tool : Adequate /Inadequate

Date: 10.4.2011

Signature of the expert

From
Mr .E.Gnanasekar
M.Sc Nursing I year,
College of Nursing,
Sri Ramakrishna Institute of Paramedical Sciences,
Coimbatore -44.

To

Dr.C.Balakrishna Murthy, Ph.D.,
Assistant professor & Principal Investigator,
UGC major Research Project,Department of Psychology,
PSG College of Arts & Science,
Coimbatore-641044

Through
The Principal,
College of Nursing,
Sri Ramakrishna Institute of Paramedical Sciences,
Coimbatore -44.

Sub: Requisition for content validity

Respected Madam,

I Mr.E.Gnanasekar., doing my M.Sc nursing I Year in College of Nursing, Sri Ramakrishna Institute of Paramedical Sciences, as a part of my curriculum requirement under The Tamil Nadu Dr. M.G.R. Medical University has to conduct Research, I have selected study on **"EFFECTIVENESS OF FAMILY FOCUSED INTERVENTION IN COPING AMONG FAMILY MEMBERS OF ALCOHOL DEPENDENT PATIENTS IN SELECTED DE-ADDICTION CENTRE,COIMBATORE**

I sincerely request to extend your guidance for my content validity.

Thanking you,

Yours faithfully,

.E.Gnanasekar

Coimbatore

Date:

for THE PRINCIPAL
College of Nursing
Sri Ramakrishna Institute of Paramedical Sciences
Coimbatore-641004.

FORMAT FOR CONTENT VALIDITY

Name of the expert: Mr. Baskaran,

Address: Assistant Professor,
Mental Health Nursing,
PSG College of Nursing,
Peelamedu, Coimbatore-4

Kindly validate each tool and tick wherever applicable

S.No	Sections of the tool	Strongly agree	Agree	Needs modification	Remarks
1 .	SECTION A		✓		
2	SECTION B		✓		
3	SECTION C			✓	

Total content for the tool : Adequate /Inadequate

Date: 4/6/11

M. Baskaran.
Signature of the expert

M. BASKARAN.
ASST. PROFESSOR
PSG CON
PEELAMEDU
CBE - 4.

PSG COLLEGE OF NURSING
Peelamedu
COIMBATORE-4

From
Mr .E.Gnanasekar
M.Sc Nursing I year,
College of Nursing,
Sri Ramakrishna Institute of Paramedical Sciences,
Coimbatore -44.

To

Mr. Baskaran,
Assistant Professor,
Mental Health Nursing,
PSG College of Nursing,
Peelamedu, Coimbatore - 4.

Through
The Principal,
College of Nursing,
Sri Ramakrishna Institute of Paramedical Sciences,
Coimbatore -44.

Sub: Requisition for content validity

Respected Madam,

I Mr.E.Gnanasekar., doing my M.Sc nursing I Year in College of Nursing, Sri Ramakrishna Institute of Paramedical Sciences, as a part of my curriculum requirement under The Tamil Nadu Dr. M.G.R. Medical University has to conduct Research, I have selected study on **"EFFECTIVENESS OF FAMILY FOCUSED INTERVENTION IN COPING AMONG FAMILY MEMBERS OF ALCOHOL DEPENDENT PATIENTS IN SELECTED DE-ADDICTION CENTRE,COIMBATORE**

I sincerely request to extend your guidance for my content validity.

Thanking you,

Yours faithfully,

.E.Gnanasekar

Coimbatore

Date:

for THE PRINCIPAL
College of Nursing
Sri Ramakrishna Institute of Paramedical Sciences
Coimbatore-641004.

From
Mr .E.Gnanasekar
M.Sc Nursing I year,
College of Nursing,
Sri Ramakrishna Institute of Paramedical Sciences,
Coimbatore -44.

To

Dr. Marikannan, MBBS, M.D,
Professor, Department of Psychiatry,
Coimbatore medical college and hospital,
Coimbatore - 641.

Through
The Principal,
College of Nursing,
Sri Ramakrishna Institute of Paramedical Sciences,
Coimbatore -44.

Sub: Requisition for content validity

Respected Madam,

I Mr.E.Gnanasekar., doing my M.Sc nursing I Year in College of Nursing, Sri Ramakrishna Institute of Paramedical Sciences, as a part of my curriculum requirement under The Tamil Nadu Dr. M.G.R. Medical University has to conduct Research, I have selected study on **"EFFECTIVENESS OF FAMILY FOCUSED INTERVENTION IN COPING AMONG FAMILY MEMBERS OF ALCOHOL DEPENDENT PATIENTS IN SELECTED DE-ADDICTION CENTRE,COIMBATORE**

I sincerely request to extend your guidance for my content validity.

Thanking you,

Yours faithfully,

.E.Gnanasekar

Coimbatore

Date:

for THE PRINCIPAL
College of Nursing
Sri Ramakrishna Institute of Paramedical Sciences
Coimbatore-641004.

FORMAT FOR CONTENT VALIDITY

Name of the expert: Mrs. R. Tamilselvi,

Address: KG College of Nursing,
KG Hospital,
Arts College Road,
Coimbatore-18.

Kindly validate each tool and tick wherever applicable

S.No	Sections of the tool	Strongly agree	Agree	Needs modification	Remarks
1 .	SECTION A		✓	–	
2	SECTION B		✓	–	
3	SECTION C		✓	–	

Total content for the tool : Adequate /Inadequate

Date: 23/03/2011 .

Signature of the expert

From,
Mr. Gnanasekar,
M.Sc Nursing I year,
College of Nursing,
Sri Ramakrishna Institute of Paramedical Sciences,
Coimbatore -44.

To

Mrs. R. Tamilselvi,

KG College of Nursing,
KG Hospital,
Arts College Road,
Coimbatore-18.

Through
The Principal,
College of Nursing,
Sri Ramakrishna Institute of Paramedical Sciences,
Coimbatore -44.

Sub: Requisition for content validity

Respected Madam,

I Mr. Gnanasekar doing my M.Sc (N) I Year in College of Nursing, Sri Ramakrishna Institute of Paramedical Sciences, as a part of my curriculum requirement under The Tamil Nadu Dr. M.G.R. Medical University has to conduct Research, I have selected study on **"EFFECTIVENESS OF FAMILY FOCUS INTERVENTION ON COPING AMONG FAMILY MEMBERS OF ALCOHOL DEPENDENT PATIENT IN SELECTED DE –ADDICTION CENTRES IN COIMBATORE.**

I sincerely request to extend your guidance for my content validity.

Thanking you,

Yours faithfully,

Coimbatore

R. Ramathilagam

for THE PRINCIPAL
College of Nursing
Sri Ramakrishna Institute of Paramedical Sciences
Coimbatore - 641 004.

To

APPENDIX – II
LETTER REQUESTING TO VALIDATE THE RESEARCH TOOL

From
Mr .E.Gnanasekar
M.Sc Nursing I year,
College of Nursing,
Sri Ramakrishna Institute of Paramedical Sciences,
Coimbatore -44.

To

Mrs. Meera Saravanan,
Professor,
Mental Health Nursing Department,
PSG College of Nursing,
Peelamedu,
Coimbatore- 4.

Through
The Principal,
College of Nursing,
Sri Ramakrishna Institute of Paramedical Sciences,
Coimbatore -44.

Sub: Requisition for content validity

Respected Madam,

I Mr.E.Gnanasekar., doing my M.Sc nursing I Year in College of Nursing, Sri Ramakrishna Institute of Paramedical Sciences, as a part of my curriculum requirement under The Tamil Nadu Dr. M.G.R. Medical University has to conduct Research, I have selected study on **"EFFECTIVENESS OF FAMILY FOCUSED INTERVENTION IN COPING AMONG FAMILY MEMBERS OF ALCOHOL DEPENDENT PATIENTS IN SELECTED DE-ADDICTION CENTRE,COIMBATORE**

I sincerely request to extend your guidance for my content validity.

Thanking you,

Yours faithfully,

Coimbatore

Date:

.E.Gnanasekar

THE PRINCIPAL
College of Nursing
Sri Ramakrishna Institute of Paramedical Sciences
Coimbatore-641004.

FORMAT FOR CONTENT VALIDITY

Name of the expert: Mrs. Meera Saravanan,
Professor,
Address: Mental Health Nursing Department,
PSG College of Nursing,
Peelamedu,
Coimbatore- 4,

Kindly validate each tool and tick wherever applicable

S.No	Sections of the tool	Strongly agree	Agree	Needs modification	Remarks
1	SECTION A		✓		
2	SECTION B		✓		
3	SECTION C		✓		

Total content for the tool : ✓ Adequate /Inadequate

Date:

Signature of the expert

PSG COLLEGE OF NURSING
Peelamedu
COIMBATORE

APPENDIX - I
PERMISSION LETTER FOR CONDUCTING THE STUDY

From
E.Gnanasekar,
M.Sc Nursing I year,
College of Nursing,
Sri Ramakrishna Institute of Paramedical Sciences,
Coimbatore – 44.

To
Dr. D. SRINIVASAN M.D., D.P.M..
Honarary Medical Director,
KASTURBA GANDHI MEMORIAL,
DE-ADDICTION CENTRE,
479, Kamarajar Road,
VARADHARAJAPURAM,
COIMBATORE – 641 015.

Through
The Principal,
College of Nursing,
Sri Ramakrishna Institute of Paramedical Sciences,
Coimbatore - 44

Sub : Letter requesting permission for conduct the research study.

Respected Sir,

I E. Gnanasekar doing my M.Sc (N) I year in College of Nursing, Sri Ramakrishna Institute of Paramedical Sciences, as a part of my curriculum requirement under Dr. M.G.R. Medical University to conduct Research, I have selected study on **"EFFECTIVENESS OF FAMILY FOCUSED INTERVENTION ON COPING AMONG FAMILY MEMBERS OF ALCOHOLIC DEPENDENCE PATIENTS IN SELECTED ALCOHOL DE-ADDICTION CENTRES AT COIMBATORE"** in your esteemed hospital.

I kindly request you grant me permission. I assure that I will abide the rules of the institution and information collected from the study participants will not be disclosed.

Thanking you

Coimbatore

Date :

Yours faithfully

(E. GNANASEKAR)

PRINCIPAL
College of Nursing
Sri Ramakrishna Institute of Paramedical Sciences
Coimbatore - 641 044

APPENDIX – IV
CERTIFICATE FOR ENGLISH EDITING

TO WHOMSOEVER IT MAY CONCERN

This is to certify that the dissertation, **"Effectiveness of Family Focused Itnervention on Coping among Family Members of Alcohol Dependent Patients at Selected Alcohol De-addiction Centre, Coimbatore".** done by Gnana sekar. E II year M.Sc. Nursing, Sri Ramakrishna Institute of paramedical Sciences, Coimbatore, has been edited for English language Appropriateness

Name **POONGOTHAI,**

Designation **ASSOCIATE PROFESSOR,**

Name of the Institution **KAS COLLEGE, COIMBATORE**

Signature 

APPENDIX – V
CERTIFICATE FOR TAMIL EDITING

TO WHOMSOEVER IT MAY CONCERN

This is to certify that the dissertation, **"Effectiveness of Family Focused Itnervention on Coping among Family Members of Alcohol Dependent Patients at Selected Alcohol De-addiction Centre, Coimbatore".** done by Gnana sekar. E II year M.Sc. Nursing, Sri Ramakrishna Institute of paramedical Sciences, Coimbatore, has been edited for Tamil language Appropriateness.

Name	: S.SHANKESWARI M.A, B.Ed,
Designation	: TAMIL PANDIT
Name of the Institution	: S.S. Govt. Hr.Sec. School, RAJAPALAYAM
Signature	:

APPENDIX – III

TOOL FOR ASSESSMENT OF COPING AMONG FAMILY MEMBERS OF ALCOHOLICS

It consists of three sections

Tool I - Demographic Variables.

Tool II - Modified Lazarus Coping Scale

Tool III - Outline of Family focused intervention

TOOL – I

DEMOGRAPHIC VARIABLES

1. Sample Number :

2. Age :

3. Gender :

4. Date of marriage :

5. Marital status :

6. No. of children

7. Educational status :

8. Occupation :

9. Income :

10. Type of family :

11. Duration of problems :

TOOL-II

SECTION: B

MODIFIED LAZARUS COPING SCALE:

The coping strategy instrument which is made by Lazarus in 1991 to assess the coping methods used by the family members. In this instrument coping is classified into problem oriented method and affective oriented method. Reliability the tool was found to be .56 to .85.

This method consists of 15 items and the responses as always, sometimes, never and undecided.

Administration

The coping strategy instrument is used to assess the coping methods of the family members. Each method of coping is measured by using 15 items. Inventory will be given to the family members and ask them to read the statement carefully and put a (√) mark against the option.

Scoring key:

0= undecided, 1 = never, 2= sometimes, 3 = Always

Interpretation

Less than 50 = Inadequate coping

51-70 = Moderate coping

More than 70 = Adequate coping.

MODIFIED LAZARUS COPING SCALE

S.no	Coping methods	Never	Sometimes	Always	Undecided
	Problem Oriented Methods				
1.	Try to maintain some control over the situation.				
2.	Look at the problem objectively.				
3.	Accept the situation as it is.				
4.	Think through different ways to handle the situation.				
5.	Try out different ways of solving the problem.				
6.	Try to find meaning in the situation.				
7.	Find out more about the situation so that you can handle in better.				
8.	Break the problem down in to “Smaller Pieces”.				
9.	Set specific goals to help solve the problem.				
10.	Settle for the next best thing.				
11.	Talk the Problem over with someone who has been in the same type of situation.				
12.	Draw on past experience to help you handle the situation.				
13.	Actively try to change the situation.				
14.	Do anything just to do something.				
15.	Let someone else solve the problem.				

S. No	Coping methods	Never	Sometimes	Always	Undecided
	Affective- Oriented Methods				
1	Hope that things will get better.				
2	Pray.				
3	Worry.				
4	Try to put the problem out of your mind.				
5	Laugh out off, figuring that things could be worse.				
6	Get nervous.				
7	Seek comfort or help from family or friends.				
8	Over eat.				
9	Smoke.				
10	Drink.				
11	Go to sleep, figuring that things will look better in the morning.				
12	Work off tension with physical activity.				
13	Get prepared to expect the worst.				
14	Don’t worry about it; everything will probably work out fine.				
15	Get mad, curse, swear.				

TOOL – III

FAMILY FOCUS INTERVENTION

Family – focused intervention is used to resolve the problems and support the family members of alcohol dependent and facilitate their effective coping to the present situation.

AIM:

(i) Improving the functioning of individuals in the family

(ii) Improving the functioning of the family as a unit

(iii) Changing the way family members interaction

PROCEDURE

Gathering Information On

1. Demographic data of patient : Age, address, working area, marital status, income, alcoholic complications.

   Demographic data of family members : Age, education, occupation, marital status, income, social support.

2. Patient's alcohol history : When start to drink alcohol, reason for Drinking, Alcohol, Any additional dependence, money spent towards alcohol/ day, previous history of hospitalization

3. Withdrawal symptoms : Palpitation, tremor, insomnia, lack of appetite

4. Psychological effect : Hallucination, anger, delirium, any suicidal thought, any suicidal attempt

5. Family history : Any other family members using alcohol, any physical (migraine headache, cancer) and psychological problems or any diseases

6. Family functioning : 1. History of neglected obligations and family commitments by dependence patients

   Yes No

   2. How often he involves in physical and verbal abuse? _____

7. History of extra marital

Relationship :

PROCEDURE FOR FAMILY FOCUSED INTERVENTION

STEPS

14. Researcher first maintains good rapport with family members of alcoholic dependent patient.
15. Researcher asks of all family members get together in one place for session.
16. Researcher collects the history from the patient and family members regarding the alcoholic dependence, changes in physical, psychological, occupational functioning of the client, its impact on family functioning of the patient and expressed emotion and coping by the family members.
17. Allow to family members to freely ventilate the emotional feeling
18. At the beginning of the session the therapist addresses the poor communication pattern, lack of mutual warmth, support and poor role functioning.
19. Researcher explains to the family members that alcoholism starts as a habit and how it turns as a disease.
20. Family intervention also helpful to overcome the problems of the spouse and children of alcoholics.
21. Researcher motivates the family members, patient and encourage them for effective functioning.
22. This motivation helps him abstinence of alcohol and facilitates positive changes in the individual.
23. Give reassurance to the family members.
24. Researcher provide supportive counseling
    - Discuss about the emotional need of the addicts

- Discuss regarding compulsive drinking to overcome withdrawal symptoms
- Teaches the family members regarding to avoid negative criticism of behaviour and anger management it includes
    i. Do a physical activity (change the thoughts, clean the house or office)
    ii. Calm yourself - you should repeat the words helpful to overcome the anger, listening calm music.
    iii. Express yourself appropriately talk out your problems with counselor, family therapist.

25. After family intervention therapy these family members will express greater satisfaction in family functioning, such as free and open communication, mutual warmth and support, becoming ideal role models, evincing good leadership.
26. Researcher teaches the family members regarding problem solving skills and community based rehabilitation to prevent relapse.

TOOL-II

MODIFIED SHELDON COHENS PERCIEVED STRESS SCALE

The Perceived stress scale [PSS] is the most widely used psychological instrument for measuring the perception of stress. It is a measure of the degree to which situations in one's life are appraised as stressful.

The questions in this scale ask about your feelings and thoughts during the lifetime. In each case, you will be asked to indicate by tick mark how often you felt or thought in a certain way. Perceived stress scale scores are obtained by reversing responses (eg: 0 = 4,1 = 3, 2 = 2, 3 = 1 & 4 = 0) to the four positively stated items (4, 5, 7, & 8) and summing across all scale items.

Administration

The coping strategy instrument is used to assess the coping methods of the family members. This method consists of 10 items. Inventory to be given to each sample and ask them to follow the instructions to read the statements and options carefully and encircle the appropriate one.

Scoring

Each category purports to describe a specific behavioural manifestation of depression and consists of a graded series of four self-evaluative statements. The statements are rank ordered and weighted to reflect the range of severity of the symptom from neutral to maximum severity.

Scoring key :

0 = never; 1=almost never, 2= sometimes; 3 = fairly often 4= very often

Interpretation

0-10	- No stress
11 -20	- Mild stress
21 -30	- Moderate stress
31 – 40	- Severe stress

S. No	Contents	Never	Almost never	Sometimes	Fairly often	Very often
1	How often have you been upset because of something that happened unexpectedly?					
2	How often have you felt That you were unable to control the important things in your life?					
3	How often have you felt nervous and stressed?					
4	How often have you felt confident about your ability to handle your personal problems?					
5	How often have you felt that things were going your way?					
6	How often have you found that you could not cope with all the things that you had to do?					
7	How often have you been able to control irritations in your life?					
8	How often have you felt that you were on top of things?					
9	How often have you been angered because of things that were outside of your control?					
10	How often have you felt difficulties were piling up so high that you could not overcome them?					

SCORE:

0-10: No Stress,

11-20: Mild Stress,

21-30: Moderate Stress,

31-40: Severe Stress.

மாற்றியமைக்கப்பட்ட லேசரஸ் சூழ்நிலை அளவுகோல்

வ. எண்	பிரச்சினைகளை எதிர் கொள்ளும் முறைகள்	எப்போதும் இல்லை	சில நேரங்களில்	எப்பொழுதும்	தீர்மானிக்க முடியவில்லை
1	சில சூழ்நிலைகளை கட்டுபடுத்துவதற்கு முயற்சி எடுப்பதுண்டா?				
2	தொலைநோக்கு பார்வையோடு பிரச்சனைகளை பார்ப்பீரா?				
3	சூழ்நிலையை அவ்வாறே ஏற்றுக் கொள்வீரா?				
4	சூழ்நிலைகளை கையாளுவதற்கு பல வழிகளில் சிந்தீப்பீரா?				
5	பிரச்சனைகளுக்கு தீர்வு காண பல வழிகளில் சிந்திப்பதுண்டா?				
6	சூழ்நிலைகளுக்கு அர்த்தம் கான முயற்ச்சித்ததுண்டா?				
7	சுழ்நிலையின் நுணுக்கங்களை ஆழமாக புரிந்து கொண்டால் பிரச்சனைகளை எளிதில் தீர்வு காண முடியுமா?				
8	பிரச்சனைகளை சிறு சிறு பகுதிகளாக பிரித்துக் கொள்வதுண்டா?				
9	குறிக்கோள்களை மேற்கொண்டு அதன் மூலம் பிரச்சனைகளுக்கு தீர்வு காண்பதுண்டா?				
10	அடுத்த நல்ல நிலைக்கு உயர முடியுமா?				
11	இந்த மாதிரியான சூழ்நிலையில் உள்ள மற்ற ஒருவரிடம் பிரச்சனைகளை பற்றி பேசுவதுண்டா?				
12	முன் அனுபவங்களின்				

	மூலமாக இப்பொழுதைய சூழ்நிலைக்கு தீர்வு காண்பது எளிதா?				
13	சூழ்நிலை மாற்றுவதற்கு முயற்ச்சிப்பதுண்டா?				
14	ஏதேனும் ஒன்று செய்வதற்கு எதையேனும் செய்வதுண்டா?				
15	இந்த பிரச்சனைகளை மற்றவர்கள் பார்த்து கொள்வார்கள் என எண்ணியதுண்டா?				

வ. எண்	**பிரச்சினைகளை எதிர் கொள்ளும் சூழ்நிலை அளவுகோல்**	**எப்போதும் இல்லை**	**சில நேரங்களில்**	**எப்பொழுதும்**	**தீர்மானிக்க முடியவில்லை**
	உணர்வு ரீதியான முறைகள்				
1	எல்லாம் நன்றாகவே நடக்கும் என்று நம்புகிறேன்				
2	வழிபடுதல்				
3	கவலை				
4	பிரச்சனைகளை என் மனதில் வைத்து கொள்ளலாம் இருக்க முயற்ச்சிப்பேன்				
5	மோசமான நிலை உருவாகும் போது பொருட்படுத்தாமல் சிரித்தல்				
6	பதட்டப்படுதல்				
7	குடும்பத்தினர் அல்லது நண்பர்களிடமிருந்து உதவிகலை நாட முயற்ச்சிப்பீரா?				
8	அதிகமான உண்ணுபவரா?				
9	புகைப் பிடித்தல் உண்டா?				

10	குடிப்பழக்கம் உள்ளவரா?				
11	உறங்கும் போது அதிகாலையில் சரியாகிவிடும் என்று நினைப்பீர்களா?				
12	ஏதேனும் ஒரு செயலில் ஈடுபட்டு கவலையை மறத்தல் உண்டா?				
13	மோசமான நிலையை எதிர்பார்த்து தயாராக இருப்பவரா?				
14	கவலைப்பட வேண்டாம், எல்லாம் நன்றாக முடியும் என நினைப்பவரா?				
15	பைத்தியம் பிடித்தது போல், சாபம் விடுதல், சத்தியம் பண்ணுதல் போல் உணருதல் உண்டா?				

ANNEXURE – I

Paired 't' test

To test the hypothesis,'t' test was applied to find out the significant difference in the level of coping before and after family focused intervention.

$$t = \frac{\bar{d}}{\frac{SD}{\sqrt{n}}}$$

$$SD = \sqrt{\frac{\sum\left(d-\bar{d}\right)^2}{n}}$$

$\bar{d}$ = Mean of difference between pretest and post test score

SD = Standard deviation of the pre-test and post test score

n = Number of samples